

<b>Case Number:</b>	CM15-0189187		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	06/12/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female with a date of injury on 06-12-2015. The injured worker is undergoing treatment for right shoulder sprain-strain, strain-contusion of the right knee superimposed upon mild arthritis, and sprain of the right ankle. Comorbid diagnoses include asthma and hypertension. A physician progress note dated 07-13-2015 documents the injured worker complains of right shoulder pain and her pain was mild to moderately severe. Symptoms were aggravated by motion. She rates her pain as 5 out of 10. Pain has improved by 30%. There is restricted range of motion. A physician note dated 08-12-2015 notes there was impingement in the right shoulder. Supraspinatus sign, O'Brien's, and Anterior drawer sign was positive on the right. 08-18-2015 physician note documents the injured worker has severe pain in her right shoulder, knee pain with walking and bending, and pain in right ankle and foot with walking. Medications help with her symptoms. Pain interferes with most ADL and her sleep. Exam of the acromioclavicular joint reveals pain, and pain to palpation over the bicipital groove and subacromial bursa. Range of motion is normal, but painful. Right knee x ray showed arthritis on the right knee with narrowing of the medial compartment. X ay of the right foot revealed calcaneal spurring in the right foot. The treatment plan included a referral for physical therapy, a prescription for Diclofenac and she was given a cortisone injection into the subacromial bursa of the right shoulder. She was prescribed a compounded cream of 25% Ketoprofen-25% Flurbiprofen. She is working light duty. Treatment to date has included diagnostic studies, medications, 6 physical therapy sessions, and a cortisone injection to the right shoulder on 08-18-2015. X rays of the shoulders done on 07-27-2015 and revealed arthritis in the acromioclavicular joint of both shoulders which was mild. On 08-25-2015 Utilization

Review non-certified the request for a cortisone injection to the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cortisone Injection right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 32.

**Decision rationale:** According to the guidelines, injections are recommended for impingement, rotator cuff inflammation or small tears. The physician had concern about rotator cuff tear and shoulder derangement. A shoulder injection was requested with fluroscopy. Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. Although, the injection may be appropriate, the need for fluroscopy was not justified and is not routinely needed. As a result, the request is not medically necessary.